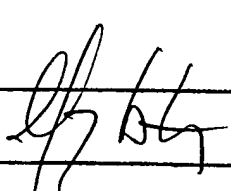


Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S) <i>(Use as many sheets as necessary)</i>	COMPLETE IF KNOWN	
	Application Number	Unknown
	Filing Date	Herewith
	First Named Inventor	Thomas K. Milo
	Art Unit	Unknown
	Examiner Name	Unknown
Sheet 1 of 1	Attorney Docket No.	TKMZ 2 00008

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	AI	US-			
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	AK	US-			
	AL	US-			

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	AP					

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Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume/issue number(s), publisher, city and/or country where published	T
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	AR		
	AS		
	AT		
	AU		
	AV		

Examiner Signature		Date Considered	3/16/06
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